Employee Assistance Program (EAP)
Client Intake Data

EAP provides assessment and referral services to our clients by qualified Employee Assistance Professionals who are registered with the State of Washington Department of Health Quality Assurance Division. Additional disclosure information will be provided to you upon request.

Date: _____ Employee's Agency: _____

Employee's Division: _____ Employee's Original Hire Date: _____

Your Name: (Last) _____ (First) _____

Have you had previous contact with EAP? ☐ Yes ☐ No
If **yes**, under what name(s)? _____

If EAP client is a family member, list state employees name below?

Employee's Name: (Last) _____ (First) _____

Optional information that will only be used for EAP case ID and health insurance ID.
Employee SSN or Personnel ID#: _____

Family Member SSN: _____

Your Home Address: _____

City: _____State: _____ Zip: _____

County: _____

Do we have your approval to send mail to your home address? ☐ Yes ☐ No

Date of Birth: ____/____/____ Age: _____

Gender: ☐ Male ☐ Female

Marital/Relationship Status
☐ Divorced ☐ Married ☐ Single ☐ Other_____
☐ Living Together ☐ Separated ☐ Widowed If **married**, number of times married? _____

Name of Spouse/Significant Other: _____

Your Phone(s): Home _____-_____-_____ Work _____-_____-_____

Cell* _____-_____-_____ Fax _____-_____-_____

Federal government warns cell phone communication may not be secure. EAP needs your permission to communicate via cell phone. Do you authorize EAP to call your cell phone?** ☐ **Yes** ☐ **No

Okay to call work? ☐ Yes ☐ No Okay to leave a message at work? ☐ Yes ☐ No
Okay to call home? ☐ Yes ☐ No Okay to leave a message at home? ☐ Yes ☐ No

Preferred Phone Contact Method:
Home ☐ Work ☐ Cell ☐ Any phone ☐

How did you hear about EAP? (check one)

☐ Agency Orientation ☐ Health Care Provider ☐ Medical ☐ Supervisor/Manager
☐ Co-Worker/Friend ☐ Human Resource/Personnel ☐ Newsletter (EAP) ☐ Training (EAP)
☐ Family Member ☐ Literature (EAP) ☐ Previous EAP Contact ☐ Union/Shop Steward
☐ Other: _____

Ethnicity/Race Information

☐ American Indian or Alaskan Native ☐ Hispanic/Latino
☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Black/African-American ☐ White/Caucasian ☐ Other:_____

Education & Training

☐ AA Degree ☐ College Degree ☐ Grade School ☐ Master's Degree
☐ Business/Technical ☐ Doctorate Degree ☐ High School/GED ☐ Some College
☐ Other:_____

Employee's Job Title:

_____

Health Insurance Plan

☐ Aetna Public Employees Plan ☐ Kaiser Permanente Classic ☐ Other: _____
☐ Group Health Classic ☐ Kaiser Permanente Value
☐ Group Health Value ☐ Uniform Medical Plan

Employee's Supervisor's Name: _____Phone: _____-_____-_____

Employee's Job Shift

☐ Day ☐ Swing/Evening ☐ Graveyard/Night ☐ Rotating ☐ Other:_____

List Employee's Day's off: _____

Employee's Job Class

☐ Exempt ☐ Permanent Part-Time ☐ Retired ☐ Tenured ☐ Other:_____
☐ Intermittent ☐ Probationary ☐ Seasonal ☐ Trial Service
☐ Permanent Full-Time ☐ Project ☐ Temporary ☐ WMS

Employee's Job Category

☐ Executive ☐ Maintenance/Service/Labor ☐ Professional ☐ Technical
☐ Faculty ☐ Managerial/Administrator ☐ Secretarial/Clerical

Employee's Gross Monthly Salary

☐ $0 - $1,300 ☐ $3,301 - $3,700 ☐ $5,701 - $6,100 ☐ $8,101 - $8,500
☐ $1,301 - $1,700 ☐ $3,701 - $4,100 ☐ $6,101 - $6,500 ☐ $8,501 - $8,900
☐ $1,701 - $2,100 ☐ $4,101 - $4,500 ☐ $6,501 - $6,900 ☐ $8,901 - $9,300
☐ $2,101 - $2,500 ☐ $4,501 - $4,900 ☐ $6,901 - $7,300 ☐ $9,301 - $9,700
☐ $2,501 - $2,900 ☐ $4,901 - $5,300 ☐ $7,301 - $7,700 ☐ $9,701 - $10,100
☐ $2,901 - $3,300 ☐ $5,301 - $5,700 ☐ $7,701 - $8,100 ☐ $10,101 - and up

Did a HR Consultant, Manager, or Supervisor suggest you call EAP? ☐ Yes ☐ No
If **yes**, list name below:

Name: _____ Title: _____

Phone: _____-_____-_____

Why?_____

Are you having job performance problems? ☐ Yes ☐ No
If **yes**, what kind? _____

Is disciplinary action being taken? ☐ Yes ☐ No

Action in Process

☐ Corrective Interview	☐ Medical Leave	☐ Suspension/Demotion
☐ Investigation	☐ Monitoring-No Action	☐ Termination
☐ Letter Reprimand/Concern	☐ None	☐ Verbal Warning

Other comments:_____

Washington State Collective Bargaining Agreements 2007-2009 (check one)

- ☐ 1199 - Service Employees International Union
- ☐ Coalition
- ☐ CSA (Classified Staff Association)
- ☐ Higher Education – WFSE
- ☐ Higher Education – WPEA
- ☐ Teamsters (Local Union 117)
- ☐ Home Care Worker (SEIU 775)
- ☐ IBU (Inland Boatmen's Union)
- ☐ Local 17 (Fed of Prof & Tech Engineers)
- ☐ NMP (Masters/Mates/Pilots)
- ☐ None
- ☐ Teamsters
- ☐ UFCW (United Food & Community Workers)
- ☐ WFSE (Washington Federation of State Employees)
- ☐ WPEA (Washington Public Employees Association)
- ☐ Other: _____

Employee's Length in Current Position

☐ 0 to 6 months	☐ 2+ to 5 years	☐ 10+ to 15 years	☐ 20+ to 25 years
☐ 6+ months to 2 years	☐ 5+ to 10 years	☐ 15+ to 20 years	☐ 25+ years and over

Optional Information:
Religious Preference: _____

Military Service (Branch): _____ Years Served: _____ to _____

Current Legal Problems:
_____

_____

List the name(s) of your child(ren):

Name	Age	Natural	Step	Resides with Whom
_____	____	☐	☐	_____
_____	____	☐	☐	_____
_____	____	☐	☐	_____
_____	____	☐	☐	_____
_____	____	☐	☐	_____
_____	____	☐	☐	_____

Briefly describe the situation(s) that bring(s) you to EAP:

_____

_____

_____

_____

_____

_____

Have things changed for you since you made your appointment with EAP? ☐ Yes ☐ No
If **yes**, briefly describe:

_____

_____

_____

_____

_____

_____

Washington State Employee Assistance Program

Seattle (206) 281-6315 ○ Olympia (360) 753-3260 ○ Spokane (509) 482-3686

Seattle FAX (206) 281-6319 ○ Olympia FAX (360) 664-0498 ○ Spokane FAX (509) 482-3600

Statement of Understanding

You have chosen to receive services from the WA State Employee Assistance Program (EAP). EAP services may include assessment and referral or brief problem solving assistance. The EA Professional will work with you to clarify the problem, identify choices, and develop an action plan.

Fees

These services are provided at no direct cost to employees and family members. Your agency pays for the assessment session at the EAP. However, if you need longer-term counseling or a specialized service, WA State EAP will you assist in locating a resource or service in your community. *It is your responsibility to pay for services provided by any resources outside the EAP.* (Your insurance benefit plan may cover some of the cost. *Check with your benefits representative before services are provided by outside resources.)*

Confidentiality

The EAP will maintain confidential records of your contact with the EAP and the services provided to you in order to provide continuity and coordination of your care.

Information concerning your use of the EAP will not be revealed to anyone outside the program except as follows:

1. If we receive your consent in writing;
2. If we learn about child, elder or disabled adult abuse or neglect;
3. If, in our judgment, an EAP participant presents a threat of imminent and serious bodily harm to him/herself or others;
4. If disclosure is required by legitimate subpoena, court order or otherwise by law;
5. If your EA Professional refers you to treatment; or
6. Under WA State RCW 41.04.730, if you are referred by agency management due to allegations of poor job performance or inappropriate behavior on the job, we will give that person only the following information:
    - Whether you made and kept an appointment with the EAP
    - What time you came and left the EAP
    - If you have further appointments scheduled with the EAP

The information in your file may be shared with a clinical consultant to ensure you are receiving an accurate assessment and appropriate referrals.

Except as stated in #2,3, 4, and 6 above, to permit WA State EAP to share information, you will need to sign an authorization permitting disclosure of that information.

Participation or non participation by any employee in the employee assistance program shall not be a factor in any decision affecting an employee's job security, promotional opportunities, corrective or disciplinary action, or other employment rights.

I, (print name) _____, understand this form, including the confidentiality of the EAP and the limitations to confidentiality, and accept it as the terms of my participation in the program. As an EAP consumer, I also understand that I may request written information describing WA State EAP's Counselor Disclosure Statement.

Signature Date

Signature of EA Professional Date

Parent, guardian, or legal representative (if required) Date
Print name then sign

EA Professional: _____**Date:** _____ Initial and date if a copy was given to client.

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Notice of Privacy Practices

For Client Confidential Information

The law requires that we notify you of your privacy rights. This notice does not affect your care or eligibility for WA State EAP services.

This notice describes how protected health information about you may be used and disclosed and how you can see this information. ***Please review it carefully.***

What confidential information does the EAP have about me?	Under the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), your personal health information is referred to as "protected health information" (PHI), and includes information about you that we create or receive relating to your involvement in the EAP. As part of your involvement, we may create an EAP record which could include demographics, assessment information, and other health information.
Who sees my confidential information?	We keep only the minimum amount of confidential information to do our job. We ensure that only those individuals who have "a need to know" will have access to your protected health information. We may share information with other programs or persons if allowed by law or permitted by you. For example, confidential information about your health may be given to and used by a therapist or treatment center you have selected to see. We may share past, current, or future information.
What does the EAP share?	We only share information about you that is needed by others to do their job. You may ask for a list of individuals or agencies where we have sent your protected health information.
When does the EAP share confidential information?	We keep and share information to coordinate treatment. We may share information to: ▪ Determine if medical or behavioral health treatment is appropriate. ▪ Help you determine your eligibility for services or benefits. ▪ Evaluate the quality of care you receive from providers.
May I see my information?	You may see information we have about you. You will need to tell us what part of the record you want to see. If you ask, you will receive a copy. The EAP may charge you for copies of your

records.

May I change my records?

If you think the health information in your record is wrong, you may send a written request that we amend or add new information. You may also ask that we send the amendments to others who have received copies of your records.

What if someone else needs my confidential information?

You may be asked to sign an authorization form allowing your information to be shared if:

- You would like the EAP to send information or talk to other places
- You want us to send information or talk to another agency or provider
- You want information sent to another person such as your attorney, a relative, or other representative
- You want us to share specific information with you supervisor or other management.

Your permission to share your information is effective for ninety (90) days from the date you sign the authorization form. We can only share the information you list. You may withdraw or change this permission in writing.

May confidential information be shared without my permission?

Yes, there are times when confidential information may be shared without your permission. By law, we are, at times, required or allowed to share
confidential information about you, even if you do not give us permission. Some of these situations are:

- Providing information to appropriate government agencies when we suspect abuse or neglect of minors, elders and the developmentally disabled;
- Providing records when ordered to do so by a court;
- Sharing information with public health authorities when we are required or permitted to collect information about disease or injury, or to report vital statistics;
- Sharing information with a government oversight agencies with data for health oversight activities such as auditing or licensure;
- Providing notice to appropriate individuals when we believe it necessary to avoid a serious threat to health or safety or to prevent serious harm to an individual;
- Providing information to law enforcement when required or allowed by law;
- Disclosing information in response to a court order or a lawful subpoena;
- Providing information to government officials when required for specifically identified government functions such as national security; and
- Disclosing information when otherwise required by law, such as

to the Secretary of the United States Department of Health and Human Services for purposes of determining our compliance with our obligations to protect the privacy of your health information.
- Providing information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs.

May I put limits on sharing my information and how I receive it?	You may ask us to limit the use and sharing of your health information but we do not have to agree. You may also ask that we send this information to you in a different format or to a different location.
May I have a copy of this notice?	Yes. Yes, you may request a copy of this notice. If you received this notice electronically, you may ask for a paper copy and we will provide one for you.
What if privacy practices change?	We reserve the right to change practices in this notice. This notice is posted on our website at: http://www.dop.wa.gov/EAP. If the law changes we will post the new Notice on our website. If you have any questions about our privacy practices, please let us know.
Who do I contact if I have questions about this notice or my rights?	If you have any questions about this notice, please ask the person who gave it to you. If you need further assistance, you may call the EAP Privacy Officer at 360-753-3260 ext. 101.
How do I report a violation of my privacy rights?	If you believe your privacy rights have been violated you can file a complaint with: The EAP Privacy Office, WA State Employee Assistance Program; 1222 State Ave NE Ste 201.; Olympia, WA 98504. If you file a complaint, the EAP will not change or stop your services or benefits and may not retaliate against you. Or You may contact the Secretary, Department of Health and Human Services (DHHS).

Effective: August 1, 2006

Washington State Employee Assistance Program
Notice of Privacy Practices Acknowledgement

I hereby acknowledge that I have received, read, and understand how my confidential health information will be used and shared by the EAP.

_____

Client Printed Name

_____

Client Signature Date

_____

EAP Representative Date

_____

Personal Representative (Printed Name)

_____

Signature of Personal Representative Date